Intervention: Strategies to increase the availability of dentists, hygienists, and dental assistants in underserved areas

Finding: Insufficient evidence to determine effectiveness

| Potential partners to undertake the intervention: | |
|---|------------------------------------|
| Nonprofits or local coalitions | ☐Businesses or labor organizations |
| Schools or universities | ☐Media |
| Health care providers | |
| State public health departments | ⊠Policymakers |
| Hospitals, clinics or managed care organizations | ☐Other: |

Background on the intervention:

Geographic mal-distribution of dentists, hygienists, and dental auxiliary personnel contributes to poor access to oral health care in many communities, especially rural, low-income, and minority communities. The Association of State and Territorial Dental Directors (ASTDD) recommends the following strategies to increase the availability of oral health professionals in these underserved areas:

- Encourage low income and minority students from rural areas to choose oral health careers by: developing programs to introduce high school students to oral health professions; funding scholarships to cover the costs of education; implementing state school tuition reimbursement and expanding loan forgiveness programs.
- Enhance recruitment of oral health providers practicing in underserved regions through: establishing collaborative efforts of key stakeholders and working to assure that all underserved areas that qualify are designated as dental Health Professional Shortage Areas (dental HPSAs).
- Expand opportunities for oral health providers to practice in underserved regions by: developing dental clinics in non-traditional sites and mobilizing dental vans and portable clinics where permanent clinics would be impractical.
- Offer incentive and training programs to providers who serve rural and underserved populations through: state tax credits; travel and lodging discounts; loan forgiveness; and awards, media promotion, and other recognition.

Findings from the systematic reviews:

There was insufficient evidence to determine effectiveness for this intervention. Practices that lack sufficient research to support effectiveness should not be confused with ineffective programs. Rather, they should be recognized as programs that have the potential to become evidence-based practices—if properly evaluated. Practitioners are encouraged to monitor the impact of these programs in their communities and report on their findings in order to build a base of knowledge sufficient to reach consensus.

Limitations/Comments:

ASTDD considers the strategies listed above to be "Best Practice Approaches" to increasing access to oral health care through workforce development. In order to be recognized as a proven Best Practice Approach, an intervention's effectiveness would need to be supported by research, expert opinion, field lessons, and theoretical rationale. However, as both research and field studies examining the factors that contribute to disparities in oral health care are only beginning, these interventions are considered "promising practices," or practices that have not yet been demonstrated to be effective (or ineffective).

Additional information:

Descriptions of programs that incorporate the strategies outlined above are available in Figure One of ASTDD's Access to Oral Health Care Services: Workforce Development Best Practice Approach Report. Available online at: www.astdd.org/docs/BPAAccessWorkforce.pdf.

References:

American Dental Association (ADA). State and community models for improving access to dental care for the underserved - a white paper. 2005. Available online at: www.ada.org/prof/resources/topics/topics_access_whitepaper.pdf. Accessed June 20, 2005.

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Gehshan S, Straw T. Access to oral health services for low-income people—policy barriers and opportunities for intervention for the Robert Wood Johnson Foundation. 2005. Available online at: www.ncsl.org/programs/health/forum/rwjoral.htm. Accessed June 25, 2005.